

STATE WELL REPORT

ATTALA
 County: _____
 Permit #: **THOMAS DRILLING**
 Driller: _____
 Date drilling completed: **4/11/18**

Part 1
Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5555
 (601)961-5228 (fax)

For Office Use Only:
 Well #: **L 46**
 Aquifer: _____
 E-Log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Well Owner Information (Landowner if borehole is not for a water well)			Well or Borehole Location		
Owner Name: SAM DODD			Latitude: 33°47'2" Longitude: 89°38'39.57"		
Mailing Address: 24783 HWY 19 N			Method of Lat/Long (check one): Conventional Survey _____		
KOSCIUSKO MS 39090			USGS quad _____, Hand-held GPS <input checked="" type="checkbox"/> , Survey-grade GPS _____		
City State Zip Code			SW 1/4 SW 1/4, Sec 12 T 14N R 7E		
Telephone No. (601) 506-6601			3 Miles W NW of KOSCIUSKO		
			(Distance) (Direction) (Nearest Town)		

Well / Borehole Data

Date drilling started: **4/11/18** Date drilling completed: **4/11/18** Hole depth: **185** Hole diameter: **4**

Location of the source of any surface water used for drilling: _____

Method of dosing and volume of Chlorine used in drilling and development: **1lbs in tender and wash**

Logs run (check all applicable): log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation Ground Source Heat Pump Seismic Survey Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check all applicable): Home Industrial Public Supply Irrigation Fish Culture

Other (describe): _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: **95** feet above or below land surface Date measured: **4/11/18**

Method of measurement (check one): Steel tape Electric tape Air line other (describe): _____

Well depth: **185** Well grouted to a depth of: **10** feet Type of grout (check one): Neat Cement Bentonite Mix

Casing length: **165** feet Casing diameter: **4** inches Type of casing: **PVC**

Screen length: **20** feet Screen diameter: **4** inches Type of screen: **PVC**

Screen slot size: _____ inches Setting depth: From **165** feet to **185** feet

Type of completion (check all applicable): gravel packed Underreamed Open hole Natural Development

Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet

If telescoped or more than one screen, describe on next page

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County: ATTALA
 Permit #: _____

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The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

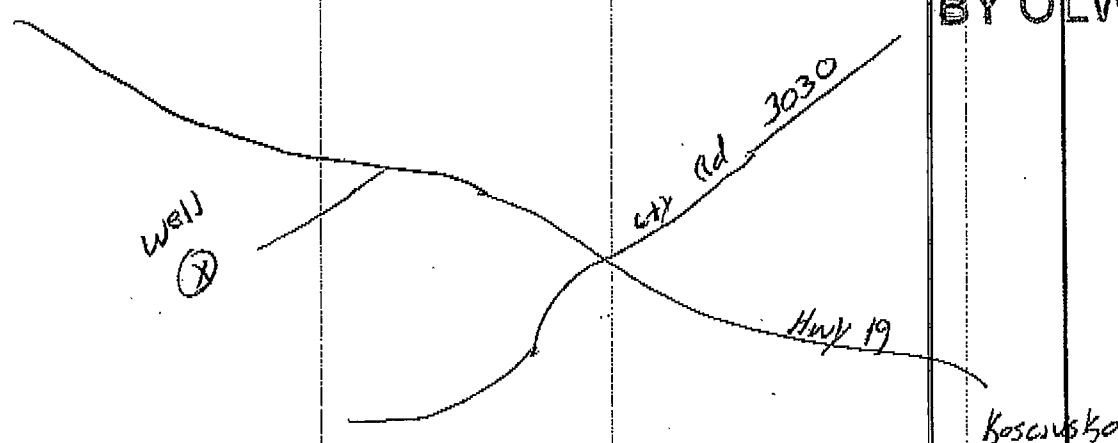
If well telescopes, show depths on sketch.

Ground Level 

Description of Formations Encountered	From (depth) Ground level	To (depth)
MIXED CLAY	0	10
SAND	10	41
MIXED SAND AND CLAY	41	46
WHITE SAND	48	62
DARK GRAY CLAY	62	90
ROCK AND CLAY	90	110
GREEN SAND AND ROCK	110	156
ROCK	156	157
GRAY SAND	157	185

If more than one screen, show location of each on sketch

- Sketch the property layout and include the following:
- 1) the well location
 - 2) any permanent structures on the property that may aid in locating the well
 - 3) any roads, power lines, or other items that may aid in locating the property and the well
 - 4) north arrow



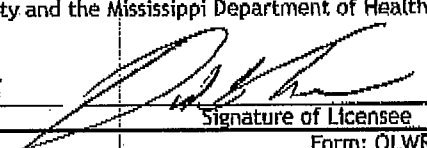
Landowner Name: SAM DODD

I HEREBY CERTIFY that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

DAVID S THOMAS 0-147

Print Name of Responsible Licensee and License No.

4/11/18
Date


Signature of Licensee

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

County: ATTALA
 Permit #: _____
 Driller: THOMAS DRILLING
 Date completed: 4/12/18
Copy information from block on Part 1

For Office Use Only:
 Well #: L46
 Aquifer: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information			Well Location	
Owner Name: <u>SAM DODD</u>	Latitude: <u>33°47'2"</u>		Longitude: <u>89°38'39.57"</u>	
Mailing Address: <u>24783 HWY 19 N</u>	Method of Lat/Long (check one): Conventional Survey _____			
<u>KOSCIUSKO</u> <u>MS</u> <u>39090</u>	USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____			
City State Zip Code	<u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$, Sec <u>12</u> T <u>14N</u> R <u>7E</u>			
Telephone No. (____)	<u>3</u> Miles <u>W NW</u> of <u>KOSCIUSKO</u>			
	(Distance) (Direction) (Nearest Town)			

Pump Type (check one)
 Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____
 Date Pump Installed: 4/12/18 Rated Pump Capacity: 18 Gallons Per Minute
 Is This Pump (check one): New Repaired Replacement

Power Type (check one)
 Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____
 Horse Power Rating of Motor: 1.5 Setting Depth: 140 feet Number of Stages: 11

Pump Test Data for Non Flowing Well
 Date Well Tested: 4/12/18 Duration of Pump Test (minimum 4 hours): _____ hours
 Static Water Level (A): 95 Feet Below Land Surface Pumping Water Level (B): 120 Feet Below Land Surface
 Drawdown [(B) - (A)]: 25 Feet Below Land Surface Test Pumping Rate: 35 Gallons Per Minute
 Method of measurement (check one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well
 Measured shut in head: _____ feet.
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation
 Meter Manufacturer: _____ Meter Serial Number: _____
 Meter Model Number/Name: _____ Type of Meter: RECEIVED
 Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____ APR 11 2018
 Installation Date: _____ Meter installed by: _____
 Is This Meter (check one): New Repaired Replacement BY OLWR
Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID S THOMAS 0-147 4/12/18
 Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer